
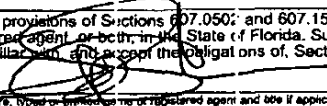


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90072 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000088367 1. Corporation Name DREAM CRUISES AND TOURS INC.			
Principal Place of Business 1105 AVONDALE PLACE JACKSONVILLE FL 32259		Mailing Address 1105 AVONDALE PLACE JACKSONVILLE FL 32259	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 6900 Philips Hwy Suite Apt. #, etc. 22 12 City & State 23 Jacksonville FL Zip Country 24 32216 25 US		2a. Mailing Address 26 6900 Philips Hwy Suite Apt. #, etc. 27 12 City & State 28 Jacksonville Zip Country 29 32216 30 US	
3. Date Incorporated or Qualified 10/13/1997		4. FEI Number 59-3473635	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added In Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CHUN, STEPHEN S 1105 AVONDALE PLACE JACKSONVILLE FL 32259		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	JOHNS, WILLIAM E. J		
STREET ADDRESS	8593 FLORENCE COVE RD		
CITY-ST-ZIP	JACKSONVILLE FL 32084		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	WEYER, WILLIAM		
STREET ADDRESS	4626 EMPIRE AVE		
CITY-ST-ZIP	JACKSONVILLE FL 32207		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	JOHNS, WILLIAM E		
1.3 STREET ADDRESS	6900 Philips Hwy #12		
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32216		
2.1 TITLE	Weyer, William	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	4626 Empire Ave		
2.3 STREET ADDRESS	JACK FL 32207		
2.4 CITY-ST-ZIP			
3.1 TITLE	VP-Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Melissa L. Chun		
3.3 STREET ADDRESS	1105 Avondale PL		
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32259		
4.1 TITLE	VP-Corporate Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	Robert Blair		
4.3 STREET ADDRESS	1924 Taylor Ln		
4.4 CITY-ST-ZIP	Tampa FL 33618		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (904) 332-0890
 Date Daytime Phone #

CR2E034 (11/98)